

ALLERGY CARE PLAN FOR A CHILD WITH DIAGNOSED FOOD ALLERGIES

Child's Name:	Child's Date of Birth:
Name of the Child's Health Care Provider:	
Food Allergies:	

Steps to be taken in the event of a suspected or confirmed allergic reaction:
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Signature of Authorized Program Representative: I understand that it is my responsibility to follow the above plan. This plan was developed in close collaboration with the child's parent and the child's health care provider. I understand that staff who provide all treatments and administer medication to the child listed in the allergy care plan must have received Medication Administration Training; is CPR and first aid certified; or has a license that exempts them from training; and have received any additional training needed.
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Provider/Facility Name:	Facility address:	Facility Telephone Number:
Authorized child care provider's name (please print)		Date:
Authorized child care provider's signature:		

Signature of Parent or Guardian:	Date:
Signature of Health Care Provider:	Date: